

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: RESIDENTIAL MEDICATION MANAGEMENT 6.19

Authority: [Title 71A RCW](#) *Developmental Disabilities*
[Chapter 18.79 RCW](#) *Nursing Care*
[Chapter 18.88A RCW](#) *Nursing Assistants*
[Chapter 246-840 WAC](#) *Practical and Registered Nursing*
[Chapter 246-841 WAC](#) *Nursing Assistants*
[Chapter 246-888 WAC](#) *Medication Assistance*
[Chapter 388-101 WAC](#) *Community Residential Services and Supports*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Services
and Supports*
[Chapter 388-826 WAC](#) *Voluntary Placement Services*
[Chapter 388-829C WAC](#) *Companion Homes*

PURPOSE

This policy describes the procedures to be used by community residential service providers who contract with the Developmental Disabilities Administration (DDA) to support people with developmental disabilities who use medications.

SCOPE

This policy applies to DDA field services staff and providers who support clients in the following programs:

For adults:

- Companion homes (CH)
- Group homes (GH)
- Group training homes (GTH)
- State-operated living alternatives (SOLA)
- Supported living (SL)

For children:

- Community crisis stabilization services (CCSS)
- Licensed child foster homes (CFH)
- Licensed group care facilities
- Licensed staffed residential (LSR)

- State-operated living alternatives (SOLA)

DEFINITIONS

Consent means verbal or written agreement by a decision-maker to proceed with a prescribed treatment or medication.

Controlled substance means a drug, substance, or immediate precursor identified by the pharmacist or prescribing practitioner as a controlled substance.

Decision maker means the person legally authorized to give consent. The decision-maker may be the client or the client’s legal representative.

Enabler means a physical device used to facilitate a client’s self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringes, syringes used to measure liquids, specially adapted table surface, straw, piece of cloth or fabric.

Instill means to cause to enter drop by drop.

Medication administration means the direct application of a prescribed medication by injection, inhalation, ingestion, application, or other means, to a client by a person legally authorized to do so.

Medication assistance (referred to as “self-administration of medication” in Chapter 246-888 WAC) means support to a person to self-administer their own medication under [RCW 69.41.085](#) and [Chapter 246-888 WAC](#) by a non-practitioner to a person receiving Certified Community Residential Support Services.

Nurse delegation means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aids in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

Prescriber means a physician or other healthcare professional authorized by law to prescribe medications.

POLICY

- A. The service provider must ensure that clients who need support to take their medication or apply treatments are supported in a manner that maintains the client’s health, safety, and independence.
- B. The service provider must:
 1. Provide medication assistance as needed to the client to take medications;

2. Provide medication administration by a person who has been trained and delegated to perform the specific nursing task for a specific client; or
3. Provide medication administration by a licensed health care professional.

PROCEDURES

A. Medication Assistance

1. A service provider may provide medication assistance if:
 - a. The client is able to put the medication into their mouth or apply or instill the medication; and
 - b. The client is aware they are taking medication. The client does not need to state the name of the medication, its intended effects, side effects, or other details.
2. The service provider can perform the following actions under medication assistance:
 - a. Reminding or coaching the client to take their medications;
 - b. Handing the medication container to the client;
 - c. Opening the medication container;
 - d. Using an enabler;
 - e. Placing the medication in the client's hand; and
 - f. Steadying or guiding a client's hand while the client applies or instills medications such as ointments, eye, ear and nasal preparations.
3. Medication assistance may be provided with prefilled insulin syringes. Medication assistance is limited to handing the prefilled insulin syringe to the client to self-inject. Medication assistance with the administration of any other intravenous or injectable medication is specifically excluded.
4. For a service provider to support a client to alter a medication it must be identified by the pharmacist that it is safe to alter a medication. This must be documented on the prescription container and in the medication administration record.
5. The client retains the right to refuse medication.
6. When working with children under the age of 18 who are receiving voluntary

placement services, staff are acting in lieu of the parents and are not required to be delegated to provide medication administration. When the client turns 18 and remains in voluntary placement services, medication administration the client requires must be provided by a licensed healthcare professional or an employee delegated by a registered nurse according to this policy and [Chapter 246-840 WAC](#).

7. For children and youth, receiving voluntary placement services, the service provider must also act in accordance with Chapter [110-145](#) or [110-148](#) WAC related to the administration of medications. If there are inconsistencies between the policy and licensing requirements under the chapters named above, the service provider must meet the more stringent of the two.
8. If a service provider has concerns about how medication assistance is being provided, the provider must contact the client's case resource manager for a possible referral to nurse delegation.

B. Nurse Delegation

1. To provide delegated nursing tasks, the service provider must:
 - a. Be a nursing assistant under [Chapter 18.88A RCW](#) or a home care aide under [Chapter 18.88B RCW](#);
 - b. Provide the delegated nursing tasks under [WAC 246-840-910 through 970](#);
 - c. Complete the *Nurse Delegation for Nursing Assistants* class (9 hours);
 - d. Complete the *Nurse Delegation Training: Special Focus on Diabetes* (3 hours) if the provider may be administering insulin injection under nurse delegation; and
 - e. Receive task-specific training from a delegating nurse.
2. When a nursing care task has been delegated, the task must be performed only for the specific client who was the subject of the delegation.
3. The delegated authority to perform the nursing care task is not transferable to another staff.
4. Delegating nurses may delegate tasks within their scope of practice but must not delegate the following tasks under [WAC 246-840-910](#):
 - a. Administration of medication by injection except for insulin (i.e., intramuscular, intradermal, subcutaneous, intraosseous, and intravenous);

- b. Sterile procedures;
 - c. Central line maintenance; or
 - d. Acts that require nursing judgment.
5. The DDA nursing service unit manager may be a liaison or a resource for consultation between the contracted delegating nurse and the residential service provider.
 6. Nurse delegation complaints during normal business hours can be filed with the Department of Health at (360) 236-4700. The Department of Health nursing professional [Complaint/Report Form](#) is available on the Department of Health website.

C. Medication Administration by a licensed professional

A licensed professional must perform a client's nursing tasks if:

1. The client requires more than medication assistance and the employee supporting the client is not nurse delegated; or
2. The procedure cannot be delegated.

D. Storage of Medications

1. A service provider must:
 - a. Keep a client's medications so they are not readily available to others. Medications stored in a client's room must have provisions for adequate segregation and security (this is a non-restrictive procedure under [DDA Policy 5.15, Restrictive Procedures](#)).
 - b. Secure medications if a client is currently assessed to be at risk with uncontrolled access to their medications.
 - c. Store medications under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals.
 - d. Store medications in the original medication containers with pharmacist prepared or manufacturer's label, or in medication organizers clearly labeled with the:
 - 1) Name of the person for whom the medication is prescribed;
 - 2) Medications included; and
 - 3) Dosage frequency.

2. Clients who receive community residential services may manage their own medication organizers when they are filled and labeled by:
 - a. The client;
 - b. A pharmacist;
 - c. A registered nurse; or
 - d. The client's legal representative or family member.
3. Community residential service providers who provide medication assistance to a client must assure that the medication organizers are labeled. The client, a pharmacist, a Registered Nurse, or the client's legal representative or family member may label the medication organizer.
4. An LSR or a CFH provider must:
 - a. Comply with Chapters [110-145](#) and [110-148](#) WAC;
 - b. Keep prescription and over-the-counter medications in a locked container and in a manner that minimizes the risk of medication errors; and
 - c. Lock human medications and animal medications in separate containers.
5. A GH or GTH provider must:
 - a. Keep all medications in locked storage; and
 - b. Use medication organizers only when filled by a pharmacist.

E. Documentation

1. The delegating nurse must provide to the service provider:
 - a. A copy of the consent for nurse delegation and the documents related to delegation;
 - b. A written statement that confirms the date the nurse completed the nursing assessment with the client – this may be recorded on the nurse visit form or documented in the client's record;
 - c. Nurse delegation instructions to delegated staff; and
 - d. A copy of any completed [DSHS 13-680](#), *Nurse Delegation: Rescinding Delegation*, or strikethrough of a delegated caregiver's name and the date of rescission on [DSHS 14-484](#), *Nurse Delegation: Nursing Visit*.

2. The service provider must maintain in the licensed setting or the client's home an electronic or hardcopy record of:
 - a. Medications assisted with, administered to, monitored for, or refused by the client for the current month medications are being administered;
 - b. A copy of the consent for nurse delegation provided by the delegating nurse;
 - c. The long-term care worker credential form received from the delegating nurse;
 - d. All nurse delegation instruction sheets – the delegated tasks may be indicated on the medication administration record (MAR) or treatment sheet;
 - e. The nurse visit form or a written statement that confirms the date the nurse completed the nursing assessment with the client; and
 - f. Documentation of any recensions provided under subsection (1) of this section.
3. The service provider must have a system to account for and verify all medications for which they are responsible. All service providers, except companion home providers, must have a specific procedure for counting medications identified as controlled substances.

F. Disposal of Medications

1. The provider must properly dispose of all medications that are discontinued, superseded by another, or are beyond what the pharmacist states as the expiration date. The provider must list the name of each medication, amount disposed, and date of disposal.
2. Two people, one of whom may be the client if over 18 years old, must verify the disposal by signature.
3. Each GH and GTH must have a written disposal policy approved by a pharmacist.

G. Consent for Medication

1. The delegating nurse must obtain written consent prior to delegating tasks. An electronic signature is valid. Verbal consent is valid up to 30 days.

2. It is important that a service provider let health care professionals know that they are not a decision-maker for the purposes of consent when accompanying a client at a medical appointment.
3. For additional requirements regarding informed consent for psychotropic medication see [DDA Policy 5.16](#), *Psychotropic Medications*.
4. If a client's legal representative is unwilling to follow orders from a professional medical provider for a medication and the provider believes this decision is not in the client's best interest, the provider should discuss the matter with the client's case resource manager, who will consult with the field services administrator and the Office of the Attorney General as appropriate. DDA will work with the provider to develop a plan to address the situation.

H. Skin Observation

If a provider is concerned about a client's skin health or integrity, contact the case manager who may initiate steps under [DDA Policy 9.13](#), *Skin Observation Protocol*.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSSION

DDA Policy 6.19
Issued July 1, 2017

Approved: /s/ Deborah Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

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